

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000758

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED FEB 6 1963

Primary Registration District No.

1002

Registrar's No.

297

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
M. Roberts

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
Length of stay in lb <u>30 YEARS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2900 E. 38th St., N.</u>		d. STREET ADDRESS (If outside, give location) <u>2900 E. 38th St., N.</u>	
3. NAME OF DECEASED (Type or print) First <u>VIOLA O.</u> Middle <u>HOUSE</u> Last <u>HOUSE</u>		4. DATE OF DEATH Month <u>JANUARY</u> Day <u>15</u> Year <u>1963</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT. 1, 1908</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>MISSION CREEK, MINN.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>OLE E. OSUND</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA M. SUNDBERG</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of <u>no</u> )		17. INFORMANT NO. <u>1753</u> Name <u>Hubert H. House</u> Address <u>2900 E. 38th St. N.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis</u> DUE TO (b) <u>Carcinoma head of pancreas</u> DUE TO (c) <u>Obstructive jaundice</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <u>10:50</u> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year <u>Aug. 11, 1962</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>KANSAS CITY, NORTH MO.</u>		20g. COUNTY <u>CLAY</u> STATE <u>MO.</u>	
21. I attended the deceased from <u>Aug. 11, 1962</u> to <u>Jan. 15, 1963</u> and last saw her alive on <u>Jan. 15, 1963</u> . Death occurred at <u>10:50 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>L. M. Roberts, M.D.</u>	
22b. ADDRESS <u>5140 Antioch Rd. K.C. Mo.</u>		22c. DATE SIGNED <u>Jan. 16, 1963</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>JAN. 18, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>WHITE CHAPEL MEM. GARDENS</u>		23d. LOCATION (City, town, or county) <u>KANSAS CITY, NORTH MO.</u>	
24. FUNERAL DIRECTOR <u>BUTLER</u>		25. DATE RECD. BY LOCAL REG. <u>1-17-63</u>	
26. REGISTRAR'S SIGNATURE <u>Harry Huter</u>		27. ADDRESS <u>2100 E. RUSSELL RD. K.C. 16, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Chester L. Lant

Licensed Embalmer No. 2230 Kansas

P. O. Address Kansas City, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.